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| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small> |  | <b>Attorney Docket No.</b> 04086- P0001A        |  |
|   |  | <b>First Inventor</b> Sung Tae Kim              |  |
|   |  | <b>Title</b> Golf Shot Practice Apparatus       |  |
|   |  | <b>Express Mail Label No.</b> EL 550 085 665 US |  |

  

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| <b>APPLICATION ELEMENTS</b><br><small>See MPEP chapter 600 concerning utility patent application contents</small>  |  | <b>ADDRESS TO:</b> Mail Stop Patent Application<br>Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450  |  |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br><small>(Submit an original, and a duplicate for fee processing)</small><br>2. <input checked="" type="checkbox"/> Applicant claims small entity status<br><small>See 37 CFR 1.27.</small><br>3. <input checked="" type="checkbox"/> Specification [Total Pages <u>19</u> ]<br><small>(preferred arrangement set forth below)</small><br>- Descriptive title of the invention<br>- Cross References to Related Applications<br>- Statement Regarding Fed sponsored R & D<br>- Reference to sequence listing, a table,<br>or a computer program listing appendix<br>- Background of the invention<br>- Brief Summary of the invention<br>- Brief Description of the Drawings (if filed)<br>- Detailed Description<br>- Claims(s)<br>- Abstract of the Disclosure<br>4. <input checked="" type="checkbox"/> Drawings(s) (35 USC 113) [Total Sheets <u>11</u> ]<br>5. Oath or Declaration [Total Sheets <u>2</u> ]<br>a. <input checked="" type="checkbox"/> Newly executed (original or copy)<br>b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d))<br><small>(for continuation/divisional with Box 18 completed)</small><br>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br><small>Signed statement attached deleting inventor(s)<br/>         named in the prior application, see 37 CFR<br/>         1.63(d)(2) and 1.33(b).</small><br>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 |  | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or<br>Computer Program (Appendix)<br>8. Nucleotide and/or Amino Acid Sequence Submission<br><small>(if applicable, all necessary)</small><br>a. <input type="checkbox"/> Computer Readable Form (CRF)<br>b.: Specification Sequence Listing on:<br>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or<br>ii. <input type="checkbox"/> paper<br>c. <input type="checkbox"/> Statement verifying identity of above copies<br><b>ACCOMPANYING APPLICATION PARTS</b><br>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))<br>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of<br><small>(when there is an assignee) Attorney</small><br>11. <input type="checkbox"/> English Translation Document (if applicable)<br>12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS<br>Statement (IDS)/PTO-1449 Citations<br>13. <input type="checkbox"/> Preliminary Amendment<br>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br><small>(Should be specifically itemized)</small><br>15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br><small>(if foreign priority is claimed)</small><br>16. <input type="checkbox"/> Nonpublication Request and Certification under 35<br>U.S.C. 122(b)(2)(B)(i). Applicant must attach form<br>PTO/SB/35 of its equivalent.<br>17. <input type="checkbox"/> Other..... |  |

18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.:

Prior application information: Examiner Group/Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**18. CORRESPONDENCE ADDRESS**

|   |                                       |   |              |
|---|---------------------------------------|---|--------------|
| <input checked="" type="checkbox"/> Customer Number: <span style="border: 1px solid black; padding: 2px 20px;">24126</span> |                                       | OR <input checked="" type="checkbox"/> Correspondence address below |              |
| Name  | Wesley W. Whitmyer, Jr.               |   |              |
| Address   | St. Onge Steward Johnston & Reens LLC |   |              |
|   | 986 Bedford Street                    |   |              |
| City  | Stamford                              | State   | CT           |
| Country   | United States                         | Telephone   | 203 324-6155 |
|   |                                       | Fax   | 203 327-1096 |

|                   |                |                                   |                 |
|-------------------|----------------|-----------------------------------|-----------------|
| Name (Print/Type) | Hyun Jong Park | Registration No. (Attorney/Agent) | See Attached    |
| Signature         |                |                                   | Date 11/26/2003 |

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 122 ND 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, Patent and Trademark Office, Washington, DC 20231-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

04772

PTO/SB/17 (05-03)

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| <b>FEE TRANSMITTAL</b><br><b>for FY 2003</b><br>Effective 01/01/2003. Patent fees are subject to annual revision |  | <b>Complete if Known</b>                    |  |
|  |  | Application No.                             |  |
|  |  | Filing Date<br>November 26, 2003            |  |
|  |  | First Named Inventor<br>Sung Tae Kim        |  |
|  |  | Examiner Name                               |  |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                        |  | Art Unit                                    |  |
| TOTAL AMOUNT OF PAYMENT (\$)   |  | 479.00                                      |  |
|  |  | Attorney Docket Number 04086-P0001A WWW/HJP |  |

| METHOD OF PAYMENT (check all that apply)  |          |              |                |  |             | FEE CALCULATION (continued)  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
|---|----------|--------------|----------------|--|-------------|--|--|--------------|----------------|-----------------|----------|--------------|----------|--------------|----------|-----------------|-------------|--------------------|------------------------|--------------------|----------|------|------------|-----------------------------------|------|-------------------------------------|------|------|--|------|-----|--|----|---|------|------|------|---------------------------|---|---------------------|-------|------|-------|--|-------|---------------------|------|------|------|--|----------|------|--------|------|--------|---|--|------|-----|------|----|--|--|------|----|------|-----|---|--|------|-----|------|-----|--|--|------|-------|------|-----|---|--|------|-------|------|-----|--|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--------------------------------------|--|------|-----|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|-------------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|--|---------|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|---------------------------|--|--|--|--|--|---|--|--|--|--|--|
| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None<br><input type="checkbox"/> Deposit Account: order   |          |              |                |  |             | <b>3. ADDITIONAL FEES</b>  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| Deposit Account Number: 19-4516<br>Deposit Account Name: St.Onge Steward Johnston & Reens LLC   |          |              |                |  |             |  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| The Director is authorized to: (check all that apply)<br><input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input checked="" type="checkbox"/> Charge any additional fees(s) during the pendency of this application<br><input type="checkbox"/> Charge fees(s) indicated below, except for the filing fee to the above-identified deposit account  |          |              |                |  |             | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing for or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>40</td><td>2252</td><td>210</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,450</td><td>2254</td><td>725</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>1,970</td><td>2255</td><td>985</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>330</td><td>2401</td><td>165</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td>Filing brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>1453</td><td>1,330</td><td>2453</td><td>665</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>1501</td><td>1,330</td><td>2501</td><td>665</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>1502</td><td>480</td><td>2502</td><td>240</td><td>Design issue fee</td><td></td></tr> <tr><td>1503</td><td>640</td><td>2503</td><td>320</td><td>Plant issue fee</td><td></td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td>\$40.00</td></tr> <tr><td>1809</td><td>770</td><td>2809</td><td>385</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>1810</td><td>770</td><td>2810</td><td>385</td><td>For each additional invention to be examined (37CFR 1.129(b))</td><td></td></tr> <tr><td>1801</td><td>770</td><td>2801</td><td>385</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="6">Other fee (specify) _____</td></tr> <tr> <td colspan="6">           *Reduced by Basic Filing Fee Paid           <div style="float: right;"> <b>SUBTOTAL (3)</b> (\$) 40.00           </div> </td> </tr> </tbody> </table> |  |              |                |                 |          | Large Entity |          | Small Entity |          | Fee Description | Fee Paid    | Fee Code           | Fee (\$)               | Fee Code           | Fee (\$) | 1051 | 130        | 2051                              | 65   | Surcharge - late filing for or oath |      | 1052 | 50                                     | 2052 | 25  | Surcharge - late provisional filing or cover sheet |    | 1053  | 130  | 1053 | 130  | Non-English specification |   | 1812                | 2,520 | 1812 | 2,520 | For filing a request for <i>ex parte</i> reexamination |       | 1804                | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action |          | 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action |  | 1251 | 110 | 2251 | 55 | Extension for reply within first month |  | 1252 | 40 | 2252 | 210 | Extension for reply within second month |  | 1253 | 950 | 2253 | 475 | Extension for reply within third month |  | 1254 | 1,450 | 2254 | 725 | Extension for reply within fourth month |  | 1255 | 1,970 | 2255 | 985 | Extension for reply within fifth month |  | 1401 | 330 | 2401 | 165 | Notice of Appeal |  | 1402 | 330 | 2402 | 165 | Filing brief in support of an appeal |  | 1403 | 290 | 2403 | 145 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1,330 | 2453 | 665 | Petition to revive - unintentional |  | 1501 | 1,330 | 2501 | 665 | Utility issue fee (or reissue) |  | 1502 | 480 | 2502 | 240 | Design issue fee |  | 1503 | 640 | 2503 | 320 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) | \$40.00 | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37CFR 1.129(b)) |  | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  | *Reduced by Basic Filing Fee Paid <div style="float: right;"> <b>SUBTOTAL (3)</b> (\$) 40.00           </div> |  |  |  |  |  |
| Large Entity  |          | Small Entity |                | Fee Description  | Fee Paid    |  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| Fee Code  | Fee (\$) | Fee Code     | Fee (\$)       |  |             |  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 1051  | 130      | 2051         | 65             | Surcharge - late filing for or oath  |             |  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 1052  | 50       | 2052         | 25             | Surcharge - late provisional filing or cover sheet                         |             |  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 1053  | 130      | 1053         | 130            | Non-English specification  |             |  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 1812  | 2,520    | 1812         | 2,520          | For filing a request for <i>ex parte</i> reexamination                     |             |  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 1804  | 920*     | 1804         | 920*           | Requesting publication of SIR prior to Examiner action                     |             |  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 1805  | 1,840*   | 1805         | 1,840*         | Requesting publication of SIR after Examiner action                        |             |  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 1251  | 110      | 2251         | 55             | Extension for reply within first month                                     |             |  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 1252  | 40       | 2252         | 210            | Extension for reply within second month                                    |             |  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 1253  | 950      | 2253         | 475            | Extension for reply within third month                                     |             |  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 1254  | 1,450    | 2254         | 725            | Extension for reply within fourth month                                    |             |  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 1255  | 1,970    | 2255         | 985            | Extension for reply within fifth month                                     |             |  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 1401  | 330      | 2401         | 165            | Notice of Appeal   |             |  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 1402  | 330      | 2402         | 165            | Filing brief in support of an appeal                                       |             |  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 1403  | 290      | 2403         | 145            | Request for oral hearing   |             |  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 1451  | 1,510    | 1451         | 1,510          | Petition to institute a public use proceeding                              |             |  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 1452  | 110      | 2452         | 55             | Petition to revive - unavoidable   |             |  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 1453  | 1,330    | 2453         | 665            | Petition to revive - unintentional   |             |  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 1501  | 1,330    | 2501         | 665            | Utility issue fee (or reissue)   |             |  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 1502  | 480      | 2502         | 240            | Design issue fee   |             |  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 1503  | 640      | 2503         | 320            | Plant issue fee  |             |  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 1460  | 130      | 1460         | 130            | Petitions to the Commissioner  |             |  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 1807  | 50       | 1807         | 50             | Processing fee under 37 CFR 1.17(q)  |             |  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 1806  | 180      | 1806         | 180            | Submission of Information Disclosure Stmt                                  |             |  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 8021  | 40       | 8021         | 40             | Recording each patent assignment per property (times number of properties) | \$40.00     |  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 1809  | 770      | 2809         | 385            | Filing a submission after final rejection (37 CFR 1.129(a))                |             |  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 1810  | 770      | 2810         | 385            | For each additional invention to be examined (37CFR 1.129(b))              |             |  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 1801  | 770      | 2801         | 385            | Request for Continued Examination (RCE)                                    |             |  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 1802  | 900      | 1802         | 900            | Request for expedited examination of a design application                  |             |  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| Other fee (specify) _____   |          |              |                |  |             |  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| *Reduced by Basic Filing Fee Paid <div style="float: right;"> <b>SUBTOTAL (3)</b> (\$) 40.00           </div>   |          |              |                |  |             |  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| <b>1. BASIC FILING FEE</b> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1101</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td>\$385.00</td></tr> <tr><td>1002</td><td>340</td><td>2202</td><td>170</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="5"><b>SUBTOTAL (1)</b></td><td>\$385.00</td></tr> </tbody> </table>     |          |              |                |  |             | Large Entity   |  | Small Entity |                | Fee Description | Fee Paid | Fee Code     | Fee (\$) | Fee Code     | Fee (\$) | 1101            | 770         | 2001               | 385                    | Utility filing fee | \$385.00 | 1002 | 340        | 2202                              | 170  | Design filing fee                   |      | 1003 | 530                                    | 2003 | 265 | Plant filing fee                                   |    | 1004  | 770  | 2004 | 385  | Reissue filing fee        |   | 1005                | 160   | 2005 | 80    | Provisional filing fee                                 |       | <b>SUBTOTAL (1)</b> |      |      |      |  | \$385.00 |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| Large Entity  |          | Small Entity |                | Fee Description  | Fee Paid    |  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| Fee Code  | Fee (\$) | Fee Code     | Fee (\$)       |  |             |  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 1101  | 770      | 2001         | 385            | Utility filing fee   | \$385.00    |  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 1002  | 340      | 2202         | 170            | Design filing fee  |             |  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 1003  | 530      | 2003         | 265            | Plant filing fee   |             |  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 1004  | 770      | 2004         | 385            | Reissue filing fee   |             |  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 1005  | 160      | 2005         | 80             | Provisional filing fee   |             |  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| <b>SUBTOTAL (1)</b>   |          |              |                |  | \$385.00    |  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| <b>2. EXTRA CLAIMS FEES FOR UTILITY AND REISSUE</b> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th>Extra Claims</th> <th>Fee from below</th> <th></th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>26</td> <td>-20**</td> <td>6</td> <td>X</td> <td>9 = \$54.00</td> </tr> <tr> <td>Independent Claims</td> <td>2</td> <td>-3**</td> <td>0</td> <td>X</td> <td>0 = \$0.00</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> <td>0 = \$0.00</td> </tr> </tbody> </table>   |          |              |                |  |             |  |  | Extra Claims | Fee from below |                 | Fee Paid | Total Claims | 26       | -20**        | 6        | X               | 9 = \$54.00 | Independent Claims | 2                      | -3**               | 0        | X    | 0 = \$0.00 | Multiple Dependent                |      |                                     |      |      | 0 = \$0.00                             |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
|   |          | Extra Claims | Fee from below |  | Fee Paid    |  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| Total Claims  | 26       | -20**        | 6              | X  | 9 = \$54.00 |  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| Independent Claims  | 2        | -3**         | 0              | X  | 0 = \$0.00  |  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| Multiple Dependent  |          |              |                |  | 0 = \$0.00  |  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1201</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td></tr> <tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td></tr> <tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claims, if not paid</td></tr> <tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>**Reissue independent claims over original patent</td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>**Reissue claims in excess of 20 over original patent</td></tr> <tr><td colspan="5"><b>SUBTOTAL (2)</b></td></tr> <tr><td colspan="5">54.00</td></tr> </tbody> </table> |          |              |                |  |             | Large Entity   |  | Small Entity |                | Fee Description | Fee Code | Fee (\$)     | Fee Code | Fee (\$)     | 1201     | 18              | 2202        | 9                  | Claims in excess of 20 | 1201               | 86       | 2201 | 43         | Independent claims in excess of 3 | 1203 | 290                                 | 2203 | 145  | Multiple dependent claims, if not paid | 1204 | 86  | 2204   | 43 | **Reissue independent claims over original patent | 1205 | 18   | 2205 | 9                         | **Reissue claims in excess of 20 over original patent | <b>SUBTOTAL (2)</b> |       |      |       |  | 54.00 |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| Large Entity  |          | Small Entity |                | Fee Description  |             |  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| Fee Code  | Fee (\$) | Fee Code     | Fee (\$)       |  |             |  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 1201  | 18       | 2202         | 9              | Claims in excess of 20   |             |  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 1201  | 86       | 2201         | 43             | Independent claims in excess of 3  |             |  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 1203  | 290      | 2203         | 145            | Multiple dependent claims, if not paid                                     |             |  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 1204  | 86       | 2204         | 43             | **Reissue independent claims over original patent                          |             |  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 1205  | 18       | 2205         | 9              | **Reissue claims in excess of 20 over original patent                      |             |  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| <b>SUBTOTAL (2)</b>   |          |              |                |  |             |  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 54.00   |          |              |                |  |             |  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| ** or number previously paid, if greater; For Reissues, see above   |          |              |                |  |             |  |  |              |                |                 |          |              |          |              |          |                 |             |                    |                        |                    |          |      |            |                                   |      |                                     |      |      |  |      |     |  |    |   |      |      |      |                           |   |                     |       |      |       |  |       |                     |      |      |      |  |          |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |         |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |

|  |                   |                                  |              |
|--|-------------------|----------------------------------|--------------|
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|                       |                              |
|-----------------------|------------------------------|
| Applicant             | Sung Tae Kim                 |
| Serial No.            | November 26, 2003            |
| Title of Application: | Golf Shot Practice Apparatus |

Mail Stop Patent Application  
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Post Office Box 1450  
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**Cover Sheet For Eleven Sheets Of Drawings**

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